PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-C

CERTIFICATE OF DEATH

14205 330 Reg. Dist. No. 330

	Avg. Dist. Ho. Apr. Mannan	
1. PLACE OF DEATH: County Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Mandella Sammaan. (If outside city or town/limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or streef address where death occurred:	State Manyland County Wicomico City or town Mardela Lange (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME P. Jane adams	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced benale White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH	
6.(b) Name of husband or wife John J. Adams 8.(c) It allve, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and fhaf I last saw h. Law	
95 7 29hrs,min.		
9. Birthplace Wicoming County, Maryland (Town, county, and state)	Due to This was to the state of	
10. Usual occupation	Due to	
12. Hame Washington J. Bradley 13. Birthplace Wicomico County Maryland	Dither conditions — Carel	
14. Malden name Sarah Elizabett English	(Include pregnancy within 8 months of death) Major findings of operations.	
15. Birthplace Wicomico County, Maryland	Date of op	
16. Interment Mrs. Ligge Solloway Address Mardela Springs, Maryland	Autopsy results	
17. Burial Date thereof Asia 14, 1945 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cometery or crematory Mandela Springs Kerhodist Constany. Location Mandela Springs Manyland	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)	
18. Funeral director J. J. Frankton & Son	Means of Injury Injured af work?	
Address Federalsburg, Maryland	23. SIGNATURE 7 20 Duine M. D. or other	
19. Ly/4/4 19 Registrar Registrar	Address In a dela With Date signed after 12 1944	



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MARGIN

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

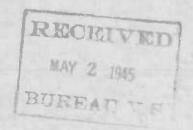
2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 333

04296

1. PLACE OF DEATH: Necomils	2. USUAL RESIDENCE (HOME) OF DECLASED:
City or to Salus my	State May pourty Preomis
(If outside city or town limits, write RURAL and give my contown)	City or town. (If outside city town lights, write PURAL and give nearest town)
How long in above place of death?	705 Porelar Hell are,
P.S. Horsell	Street Mo
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME O	2. (b) Social Security Number
Refella Parner L	Jauman
4. See 5. Polor or ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemsk White Nidow	20. DATE OF DEATH. CYCLY 2/4 19.73, 21/2-1.M
6.(b) Name of husband or with Velliam M. Bauman	1. I CERTIFY that death occurred on the date above stated; that I pleaded deceased from
6.6) It alive, give age wears	19 10 10 11 11 11
7. Birth date of deceased (mo., day, yr Print 16 4 1874	and that I last saw h allve on DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
71 0 6nrsmin.	Call Thursday Colina
9. Birthplace Reading, Pa,	Due to
(Toyle, county, and state)	(Alent sole roses
10. Usual occupation.	Due to
11. Industry or business	nene
12. Hame. Berke Co. Pa,	Other conditions
	(Inclode pregnaccy within 3 months of death)
14. Maiden name Charlette Phillipse 15. Birthplace Berker. C. Pa,	Major findings of operations.
15. Birthplace	Bale of op
16. Informalit	Astopsy results
Address 100 1 person was are. See	-92, YIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remarkal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Genetery or cremetory Charles Esaine Com,	Where did injury occur?
Location Reading Pa,	Injured at home, farm, industry, public place (where?)
Holloway O+ G. Walter R. Hollon	lajured at work?
18. Forneral director	the House no
Address datusting may and,	23. SIGNATURE M. D. or ottjer
19 d /2 20 19 d 6 Bagge ton 18	montal shory Md 4/22/4-



every item of information carefully. The rite the causes of death clearly and legibly

PLEASE WRITE PLAINLY, WITH UNFADING INK. s is especially important. Physicians: ple

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

Reg. Dist. No. 3.33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mill County Wishernes
How long in above place of death?	City or town
Hospital, Institution, or street address where eath occurred:	
Jahn B. Carrone Home	Street No
How long in hospital or institution? 5 years	2.(a) If veteran, name war
3. (a) FULL NAME	
mallie Brale	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale While Widowed	2D. DATE OF DEATH ARRIVAL 26 1945 at 6 19 M
6.(b) Name of husband or wife Thomas H Beale	21. DEPAFY that degroccurred on the date above stated; that Lattended deceased from
	I I I I I I I I I I I I I I I I I I I
7. 8 Irth date of	and that I last saw have alive of fact 26 19 85
deceased (mo., day, yr.) fully 1, 1864	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
80 9 19hrsmin.	Cartie Shoutons 2 mile
9. Birthplace Someset w. Jud	Due 10
(Town, county, and state)	Carmen Volume Coms!
10. Usual occupation.	Due to.
11. Industry or business	
12. Name	Other conditions
12. Name Long Long Long Long Long Long Long Long	
	(Include pregnancy within 3 months of death)
14. Maiden name. Sussession 15. Birthplace Semest w mol	Major findings of operations.
\$ 15. Birthplace service a mol	
16. Informant fakes B. Parsons Hone	Autopsy results
Address Salisbury mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B . 5:11 : 1: 11 221	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?), (month) (My) (year)	Accident, suicide, or homicide
Cemetery or crematory Bastint Constant	Where did injury occur?
Location Roballuth manylotid	Injured at home, farm, ladustry, public place (where?)
Will & definere con	Means of Injury Injured at mork?
18. Funeral director of the state of the sta	MATA
Address Salisting mod	23. SIGHAGURE / C VICES / IC
19. H 128 19 Ht Pagget E. Och	23. SIGNAURE M. D. or other/
(Date rge'd) y registrar)	Address Lulla M Date signed 4/2/12

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MAY 7 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 912

		,	14 617
CERTIFI	CATE	OF	DEATH

04298

	TOE. DISC. STORMINGHAM
1. PLACE OF DEATH: . County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mill Goell County City or town Mess Goell
How long In above place of death? Hospital postitution, or street address where death occurred: Manual	(If outside city or town limits, write RURAL and give nearest town) Street No. 455 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Q. Beront	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF OBATH April 17 1945 at 5 1 N
6.(b) Name of husband or wife Uniterative Second 6.(c) If all ye, give age 57 year	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 0 tt - 13 - 1881	and thet I fast saw h. J. Mailve on
8. AGE: 63 Months Days If less than one daymin	
9. Birthplace	Due to ORUMARY Lo Levosis
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. MANNAM	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Authorities Berker	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address W E. 140 M 120mp 11.9.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or regional, Which?) Date thereol	Accident, suicide, or homicide
Cemetery or crematory Flew Cliff Com.	Where did injury occur?
Location and Selen My	Injured at home, farm, Industry public place (where?)
18. Fineral digestor my dola Novalla 12. Italian	Means of Injury Injured of work?
Address Salidfry Maryland	23. FICHATURE Time of they son, m. A
19. (Date/rec.d by registral) Registral	Shusand lister on M. D. or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

MAY 2 1948 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

_			3	-	9
Reg.	Dist.	No		-	

po po po		les St., Baltimore 924
20		
ee	CERTIFICA	TE OF DEATH Reg. Dist. No. 333
carefully. The cornary and legibly.	1. PLACE OF DEATH: County City or town (If outside city or town limits) write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboar infant) give residence of mother) State
information carefull of death clearly and	How long in above place of death?	City or town (If outside city or tog a limits write RURAL and givenestest town) Street No. (If rural, give LOCATION)
tio h c		2.(a) If veteran, name war
f deat	3. (a) FULL NAME CSTELLE BOOK	3. (b) Social Security Number
causes o	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Henale Hill Muried	MEDICAL CERTIFICATION 20. DATE OF DEATH APUL 16, 1945. at 8.30 Pm
O PHO	6.(b) Name of husband or wife and Muss C. 190784	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
every write th	7. Birth dato ot deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I tast saw half alive on 19 19 19 DURATION
	8. AGE: reals months bays irress than one day	Values, to Some 10 yrs
ADING INK. Physicians: pl	9. Birthplace (Town/county, and state)	Due to
NG sicis	1D. Usual occupation.	Due to.
Phy	11. Industry or business	
Er.	12. Name 12. Name 13. Birthplace Son USe N (B. 17) N.	Dither conditions
WITH UNI	MI STORY	(Include pregnancy within 2 months of death)
WITH	14. Malden name. Chipalist Hilliams. 15. Birthplace Williams	Major findings of aperations.
	16. Informant Mas Nast Ries	Autopsy results.
VILY cial	Address Saliolary, M. J.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	17 Burial Bale thereof #/18/45	22. VIOLENCE: tf death was due to external causes, fill in the following;
PIS	(Burlai, eremstion, or removal, Which?)	Accident, suicide, or homicide
WRITE	Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
WE	Location Will Decades (a)	trijured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
PLEASE	1B. Funeral director.	4/ 8 400
EA	Address Salvedany, Ma.	23. SIGHATURE
PL	19. Date recel by registrar	Address Queliky md Bala algored 4/17/44

MARGIN RESERVED FOR BINDING

VS A15

MAY 7 1945
BUREAU V.S.

INK. Supply every item of information carefully. The cans: please write the causes of death clearly and legibly

PLAINLY, WITH UNFA

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

04300

CERTIFICATE OF DEATH

Reg. Dist. No. .. 3. 3. 3.

1. PLACE OF DEATH: 7/	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giar residence of mother)
County	State Maryland County Wiscomer
City or town	2001.01
How long In above place of death? 562600	(If outside city or town limits, write DERAL and give near at town)
Hospilal, Institution, or street address where death recovered:	Sireet No. 10 E. W. Miam.
110 E Williams	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mal sellet sees !	MEDICAL CERTIFICATION
Mas while manua	20, DATE OF BEATH A 19 45 at 6 PM
6.(b) Name of husband or wife Bessie T. Bounds	21. I CERTIFY that death occurred on the date above styled; that I attended degraped from
6.(c) If alive, give age 5 years	5/3 19 45, 10 3/3 19 45
7. Birth date of deceased (mo., day, yr.) Andre 8 1858	and that I last saw h
8. AGE: Years Months Days If less than one day	immediate capaçat death Occlesson Thousand
86 8 26min.	Jan Country of the Co
Some and to med	Due to.
9. Birihplace	000 10
10. Usual occupation	Due to
11. Industry or business Controctor	
12. Name Bonneset for Mod	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Laura Laura Laura Janaford 15. Birthplace Sommet La Trad	Horel
15. Birthplace Somuset ch. mod	Major findings of operations. Date of op.
16. Interment MAD M. H. Bounds	Autopsy results.
2 - 0 - 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Sausburg, Mo	22. VIOLENCE: If death was dua to external causes, fill in the following:
(Burial, cremation, or removed) Which?) (Burial, cremation, or removed) Which?)	Accident, suicide, or homicide
Cemetery or crematory. A assem Cometeny	Where did injury occur?
Location Salisbury mot	Injured at home, farm, Industry, public place (where?)
11.101 4/1	Meaos of Injury Injured at work?
18. Funeral director	(M) 11
Address, Salusing Plat	23. SIGNATURE There there
19. (Date for July registrar)	Address taled / hat Date signed 4/5/4/
(Date rec'dyby registrar)	Address



PLEASE WRITE PLAINLY, WITH UNFADING (NE Supply every item of information carefully. The correct age is especially important. Physical Ass. please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

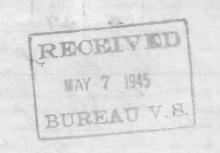
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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			-	-	-	
Reg.	Dist.	No	5	3		

	AVE. DIEC 1VO Desprisson Desprisson
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	
City or town	State County County
How long in above place of death?	City or town
Mospital, institution, or street address where death occurred:	
Peninsula General Asspelal	Street No
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
delargue / moune.	7.13-14-6310
4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m fel one	4 16 15 11 225
I was maring	20. DATE OF DEATH
8.(b) Name of husband or wife family Man 13 that State	21. I CERTIFY that death opening on the date above stated; that lattended deceased from
	MATER 36 10 KV 10 17 Dr. 15 10 W
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 2/102 /7 1904	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	0 + 0 / -
4/ 27hrsmln.	the cordiac talling
9. Birtholace Jashones Wiesner Ma	Duerto
9. Birthplace	(INDUM ACRES OF FRINCITES
10. Usual occopation	
7. 00/ 1/ / 40	Due to
11. Industry or business was the transferred to the	flic.
E 12. Name from the	Other conditions
13. Birthplace Totalisaguen My	(Include pregnancy within 3 months of death)
14. Malden name Les Lister Markett	(Include pregnancy within 3 months of death)
	Major findings of operations.
\$ 15. Birthplace Commentage Mg	- Date of op
18. Informant Carrows & January	Autopsy results.
7. La 11.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address famerally de de	-22: VIOLENCE: If death was due to externat causes, fill in the following;
(Burlai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
9 1. 0 2/4	
Cemetery or crematory	Where did injury occur?
Location Joseph Land F. O. J. a. Red Land B. J.	Injured at home, farm, Industry, public place (where?)
1 10 10 1 A1 S	Means of injury Injured at work?
18. Funeral director	
Address Annalyse Mad	Thing - thousand mr
11/15/11/190 790	3. SIGNATURE M. D. or other
18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	mon delistery md 4/15/11
(Date pec'd by registrar)	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04302

CERTIFICAT	E OF DEATH Reg. Dist. No. 3.33
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Old County Advantage (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sex 5. Color or race 16. (a) Single, married, wildowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
male a.a. Singer	20. DATE DF DEATH. 20. 16. 19. 45. at 19. at 19. 45. at 19. a
6.(c) Name of husband or wife	and that I last say h
9. Birthplace	Due to. Due to. Due to. Due to. Due to. Due to.
11. Industry or business 12. Name	Dther conditions
14. Maiden name the remarking the allow	Major fiediogs of operations
Address Saleslany md	Actopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory Date thereof (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director Augustus Shares	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. Address Saleslany Md 19. (Date ref'd by registrar) 19. (Date ref'd by registrar)	23. SIGNATURE) M. D. or other M. D. or other Address M. D. or other Land

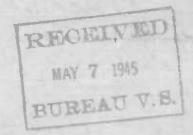
A15 NS PLEASE WRITE PLAINLY, WITH UNFADING INK. Subaly every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 7 1945

Reg. Dist. No.333 2. USUAL RESIDENCE (HOME) OF DECLASED: (If outside city or Joyn limits, write RUDAL (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; , that I attanded deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22 VIOLENCE: Theath was due to external causes, fill in the following; (State) (County) Injured at work?

M. D. or other



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

(143)14 Reg. Dist. No. 333

County	2. USUAL RESIDENCE (HOME) OF DECRASED! (For newborn infants five residence of mother) State
J. Horyy,	Street No
How long in hospital or institution? Dhus 20 min	2.(a) If veteran, name war
3. (a) FULL NAME Marion Louis	Disharoon 3. (b) Social Security Number
Male Shile Divoke	MEDICAL CERTIFICATION 20. DATE OF DEATH Again 1945, 21 7 12a M
6. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decession
G.(c) Vallye, give age yea	19 19 19
7, Birth date of deceased (mo., day, yr.)	and that I last serv pullalive dry
8. AGE: Years Months Days If less than one day 9 5	Immediate cause of death Duration June 1. Jun
9. Birthplace Saluting Maryland (Town, county, and state)	Due to
10. Usual occupation.	Due to.
11. Industry or business	
12. Name J. Day Wesharson	Other conditions Co. Froclas Tips frag. 4 his.
	(Include pregnancy within 3 months of death)
14. Malden name filler F. Darsen 15. Birtholace P. D. Scocyclow O.	Major findings of operations.
\$ 15. Birthplace T. N. Seggetown Oct	Date of op.
18, Informati W. W. arther Dicharon	Autopsy results. No.
Address 11, wood et salutary md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Build Date thereo grant 4, 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed Which?) (Burial, cremation, or removed Which?)	Accident, suicide, or homicide. accidet Date of 7-1-45
Cemetery or cramatory	Where did injury occur? (City or town) (County) (State)
Location Saluting Manyland	Injured at home, farm, Industry, public place (where?)
18. Funeral director trush & G. Walter R. Hall	Means of Injury Net Trung Injured at work? 10
Addisoralistal maryland.	f farademales não
11/11/11/11/11/11/11/11	I SIGNATURE Shaperty medical X M. D. or other
(Daty of d to registrar)	4000, 0 P. N. D. 4/2/45

BUREAU V.S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect age is especially important. Physician: plasse write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-0)

CERTIFICATE OF DEATH

1	4	30	5		
Reg.	Diat	No.		3	3

1. PLACE OF DEATH: County City or town (If outside city or town) limits, write RUBAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city of town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULE NAME Charles Maneni Wir	3. (b) Social Security Number
1. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced Male white Married 8.(b) Name of husband or wife. Slaves	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mb., day, yr.)	and that t last saw harman alive on The first saw harman alive of
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
9. Birthplace. Blovon, Ma (Town, county, end state)	Due to My finding haid Printale Unif
11. Industry or business	Buo to
12. Name Siac J. Margh Va.	Other conditions (theiside pregnancy within 3 months of death)
14. Maidon name Pennis Blogon Van 15. Birthplace accorns County, Na.	Major findings of operations. And the Bate of op. MAL 2 41/944
Address Blown Na-	Antopsy results
17. Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
18. Funeral director John N. Johnson See	Injured at home, farm, industry, public place (whore?) Means of injury Injured at work?
Address Hark sley, Vg,	Mbn. Mch
19. (Date for in by registrar) 19 of 6 Harried E of Agricultural	Address Date signed ## 17/444

RECEIVED

DURATION

NAY 7 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3F6

CERTIFICATE OF DEATH

14347

Reg. Dist. No. 337

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Imd unda by
(If outside city or town timits, write RURAL and give nearest town)	
How long In above place of death? allast 42 years	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Mo. 722
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Aufus Dullon	na
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male a.a. morned	20. DATE OF DEATH agril 20 4 19.85 at 4.204 M
6.(6) Name of husband or wife Mary Dullan	
6.(b) Name of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Many Mulliper House from the same of husband or wife Ma	March 30th 19 45 to coful por 1945
7. Birth date of	and that I last saw h. dell. alive on Of well 1945
deceased (mo., day, yr.)	Immediate cause of death
L.	Marie Defile UMD
0 hrsmin.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to.
11. Industry or business Same	900 10
	The Taulesia
12. Name Le Dutton 13. Birthplace Domeraet Go	Other conditions Mag a Carotal
	(Include pregnancy within 3 months of death)
14. Maiden name Auster January 15. Birthplace / Letter Auster Auster Auster Auster Auster Auster Australia (1988)	Major findings of operations
\$ 15. Birthplace / Letter & was	Date of op.
man ashal a Witter	Autopsy results.
16. Informant J. M. A. L. M. Davig Bullion	PHYStCIAN: Please underline the cause to which death should he charged statistically.
Address Welipguffn Ma	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17	Accident, suicide, or homicide
Cemetery or crematory Q and Alis Laulas	Where did injury occur?
Location Williframon and	Injured at home, farm, Industry, public place (where?)
	Meens of Injury Injured at work?
18. Funeral director	
Address Salinling and	23. SIGNATURE William Energy
19. ANC 7 19. 45 Thoulford Registrar	M. D. or other
(Datestee d by registrar) Registrar	Address Date signed Land

RECEIVED
MAY 7 1945
BUREAU V.S.

ct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15,

2411 N. Charles St., Baltimore

CEB	TIE	CAT	TE O	E D	FATL

04308

	Reg. Dist. No round
1. PLACE OF DEATH: Mc CommC	2. USUAL RESIDENCE (HOME) OF DECASED: (Por ne) burn infeate give residence of mother State
(If outside city or them limbs, white RURAL and give nearest town)	Salution
How long in above place of death?	(If outside city or town limit, write RURAL and give namest town)
Hospital, institution, or weet address where death occurred:	Street No. (1f rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Male White Marrie Officers of the Construction	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of husband or wife Sallie Eller Elli	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Dec 1 865	and that I last saw h allve on 19 4 7
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Lobor Commence 3 days
9. Birthplace Aslisher Med	Due to Decility
(Town, county, and state)	
11. Industry or business	Due to
E 12. Name Slovy Ellis	Other conditions
13. Birthplace 14. Maiden name Marchetto 15. Birthplace Marchetto	(Include pregnancy within 3 months of death)
15. Birthelace Mary Land	Major findings of operations.
16. Intermetibles . Stalling E. Elling	Autypsy results
Address 6/0. E. Church- at. Sphiley)	PATSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or reproved, Which?) Date thereof May 2-143 (month) Day (year)	Accident, suicide, or homicide
Cemetery or Sematory Lucone Men.	Where did injury occur?
Salistan marila.	Injured at home, farm, industry, public place (where?)
18. Fyreral director 279 Cs - Walter R 3476	means of injury tojured at work?
Address Saluthy may and.	23 SIGNATURE COLOR OF Spinler Scarce
19	Address Dalishary Dude Date signed

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BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 121-40

CERTIFICA	TE OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? (A) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Homea Folialan	3. (b) Social Security Number
4. Sex /5. Color or race / 6. (a) Single, married, wildowed, or a corced	MEDICAL CERTIFICATION 20, DATE OF DEATH Of 2 7 19.4 2 16-43 a
6.(b) Name of husband or wife. Marka As arlow. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min	Immediate cause of desthe. DURATION Chronic Reparits 6 mas
9. Birthplace (Town, Jounty, and state) 10. Usual occupation (Town, Jounty, and state)	Due to
11. Industry or business Seme as also all the land of	Dther conditions XVVV
3 13. Birthplace (Strain & St	(Include pregnancy within 3 months of death) Major findings of operations
Address Salialery and	PHYSICIAN: Please underline the cause to which death should be charged statisticslly.
17. Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof. The day (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Lungar malange State	Injured at home, farm, Industry, public place (weer?) Means of Injury Injured at work?
Address Salaling 944	23. STONATURE Sines Hauson, M. D.
19. A 30, 18246T Barriet & John	M. D. or other

MAY 7 1945 BUREAU V.S.

VS A15

Supply every item of information carefully. The correct age ease write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.3

04310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mulowila	(For newborn infants give residence of mother)
Cily or town Salin Lund	State DIA County Willowsky
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? alwait 2 months	(If outside city or town limits, grite RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
non-	Street No. 503 Mood St
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
11. M. Har	la The Land
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Work of the farmer
4, 5CA	MEDICAL CERTIFICATION
male a.a. Demale	12 1 28 44 5
" will aid I wingle	20. DATE OF DEATH 19 at 0 M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above states, that Lattended deceased from
	april 28 194 10 april 28 194
	1 2 2
7. 8irth date of	and that I last safelicities and active 19.
deceased (mo., day, yr.) Jan 22 1922	Immediate caose of death
8. AGE: Years Months Days If less than one day	
23 3 6hrsmin.	
0 0 0 4 10	
9. Birthplace California Alar danel Wel.	Due to The sylvenory of or 5 mos
(Town, county, and state)	0.00
10. Usual occupation Laboration	
Ib. Usual Uccupation	Due to
11. Industry or business Same as alegal	
E 12. Name Adams And Lange	All div.
12. Name Alanna Lange Lange 12. Name Anna Lange Lange 13. Birthptace Lange Lan	Other conditions
13. Birthplace To Lumber Near house hull	(Include pregnancy within 8 months of death)
m to limit	(Include pregnancy within 8 months of death)
# 14. Malden name Market Auch	Major findings of operations.
15. Birthplace tologlander Man hausel Del	Date of op
mill of the text	Date of op.
16. Informant & Marchell Addresse	Autopsy results
Address Solveling and	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.
Address Salislary 1/19	22. VIOLENCE: If death was due to external causes, till in the following;
11. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	
(Burial, cremation, or removal. Which?) (ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. A elec-	Where did Injury occur?
1 /1 (0.0	
Location A Lan Alleman police	Injured at home, farm, industry, public place (where?)
() () () () () () ()	Meens of injury injured at work?
18. Funeral director and Surgicians	0 11 1 000 3
Wall of the man	y How Helma
Address Saleslery Spa	23. SIGNATURE
5-1 1167 1839 1 1 Oph	23. STORATURE M.D. or other
19. (Date rec'd by registrar)	Address As As Streng Water stend 4 28/4

MAY 7 1945 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

04311

CERTIFICATE OF DEATH

. Oate signed 7 / 2 2 / 4 5

2411 N. Cha	rles St., Baltimore
CERTIFICA	TE OF DEATH Reg. Dist. No. 3.3
Ounty (If outside city or town limits write RURAL and give nearest town) How long In above place of death? Hospilai, inslitution, or street address where death octurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For numbers infants give esidence of mother) State
William W Gavin	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF OEATH April 22 19 45 21 4
6.(b) Name of husband or wife. Rellie L. Skewing. 7. Sirih dale of F. Sir	21. I CERTIFY that death occurred on the dale above stated; that I altended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days Riess than one day 5.5 2.8	Immediate cause of death OUR.
9. Birthplace	Oue to. Our vebic dysenty 15 h
11. Industry or business 12. Name	· Other conditions
E 14. Maiden name levence Loddon	(Include pregnancy within 3 months of death) Major findings of operations. Amadic already
\$ 15. Birthplace Ballinere Mol	_ law: Date of op. # 95-
16. Intermant MV W. Laure	Autopsy results. Dane (2-25-
Address Salisbury mol	PHYSICIAN: Please underline the cause to which death should be charged statistically
(Burial, cremation, or remon). Which?) Dale thereof 4 (month) (may) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. January Canaday	Where did injury occur?
Location Salisbury mal	Injured at home, farm, industry, public place (where?)
18. Funeral director. Hill + Jahnson co	Means of Injury Injured at work?
Address Salisbury mol	La Redenado Mes
11/2.6- 45 Deci +9 Och	23. SIGNATURE M. D. or other

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MAY 7 1945

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore 23-0

CERTIFICATE OF DEATH

04312

Reg. Dist. No. 333

1. PLACE OF DEATH: The second of the second	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gife residence of mother)
County J. My T. W.C.	my hill-is
(If ootside city or town limits, write RURAL and give nearest town)	Sel: luci
How long in above place of death? 58 years	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1001 NAW Quisin St.
1001 and diminer II:	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Marquelle Seresa s	Guer
4. Sep 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Lenale Hill Thideal	20. DATE OF DEATH APUL By 19. V.S., 21 9 A.
6.(b) Hame of husband or wife ISIA In Suil 1.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1947 to Cent X 1970
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) R A.F. Years Months Days It less than one day	Immediate cause of death
o. Adl.	Call Henry 16 de
hrs. mlr	1.
9. Sirthplace Town, county, and state)	Due to presles
(11 'A/ A-> 0)	
10. Usual occupation.	Due to
1t. Industry or business	_
# 12, Name # 12 12 12 12 12 12 12 12 12 12 12 12 12	Dther conditions
13. Birtholdice States, Sunary.	(Include pregnancy within 8 months of death)
# t4. Malden name MAUD Fagur	
ts. Birthplace Baker Sermany.	Major findings of operations
I VI A (1 Stries Vs.)	Autopsy results.
t6. Informant	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Salla Muly, 18.	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which) (Burlal, cremation, or removal, Which) (month) (day) (year)	Accident, suicide, or homicide
441100	Where did injury occur?
Seliah m	
Location The State of the Location Control of the Loca	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Salishalls, M. J.	The man
11/10 11- 20170	23/ SIGNATURE M. D. or other
(Date rec's by registrar)	10 miles 2 5 - 4/2.14



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04313

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
City or town (If outside city or town limits, write RURAL and give nearest town)	State Coun	my Wilamala
How long In above place of death?	City or town (If outside city or town limits, Street No. (If rural, give)	
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
4. Sex 5. Color or race 6.(2) Single, married, widowed by divorced	Ihail 1	RTIFICATION 19/4 d. at 18 9
6.(b) Name of husband or wife. And saul. I could be supply the said of the sai	21. I CERTIFY that death occurred on the date above	e stated; that I attended deceased from
7. Birth date of deceased (mo., day yr.) / lb 5 alout 1878 8. AGE: Years Months Days If less than one day	and that I last saw h	Hommely OURATION
9. Birthplace III and Chellan Sharing III and Clown, county, and states 10. Usual occupation of the state of	Due to. / tagetham # .	artin 1222
11. Industry or business Same de cleared 12. Name America Clay 13. Birthoface Mandella Shings and	Other conditions	
14. Maiden name Muy & Dutton 15. Birthplace Maybella Shrynga md	(Include pregnancy within 3 m	
Address hallman Jandy Jarley	Autopsy results	ch death should he charged statistically.
(Burial, cremation, or removal, Which?) Oate thereof Lful T.	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of
Cometery or crematory. Although and Saide	Where did injury occur?(City or town) Injured at home, farm, industry, public place (whe	
18. Funeral director Chasaman J. Mildural	Maens of Injury	Injured at work?
Address Saledury fred Elledon	23. SIGNATURE	M. D. or other
19. (Date rec'd by registrar)	Address / Arthuron	Park Date signed 1 16 8 / 145

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-2 CERTIFICATE OF DEATH

04314

Reg. Diat. No.

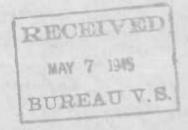
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED
County	(For newborn infants give residence of mother)
City or town Tharstour	Slate County
(If outside city or town limits, write RURAL and give nesrest town)	City or town Phagasum
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
hospitat, institution, or effect address where destin decument.	Street No.
0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(lf rural, give LOCATION)
How long to hospital or Institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maggre L. Sriff	ith
4. Sex 5. Color or page 6. (a) Single, married, widowed, or divorced 10	MEDICAL CERTIFICATION
I white married	100 NUT OF STATE (MY 18 NUT 4P
9	20. DATE OF DEATH
6,(b) Hame of husbend or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	197-5 to 197-5
7. Birth date of deceased (mo., day, yr.) May 25 1887	and thal I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
1-7 11 //11	Caranoma /// rouge / 6 Ming
D//// This min.	X
9. Birthplace Worchester Ma	Due fo
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
E 12 Name Joace Henry	Other conditions
12. Name Sacac Herminal 13. Birthplace A What	other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
14. Maiden name Trovey Statistics 15. Birthplace	Date of op.
16. Informant Durenico Deeffele	Antoney results.
10. Informati	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Q Margurul	22. VIOLENCE: If death was due to externat causes, fill in the following;
17. Date thereof 4.941-1945	
(Burlal, cremation, or removal. White?), (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Tharploring	Injured at home, farm, Industry, public place (where?)
18. Funeral director Grandings Bros	Means of injury Injured all work?
	2/- 1/20 11 9
Address Orafelous	23. SIGNATURA TID. Kuhlman W.D.
10 apr 25 10 45 Walter 4. many	M. D. oryojher
(Date rec'd by registrar)	Address X / Naugerran and Date signed / soly 5



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

age e		s St., Baltimore 466
✓ rect a	CERTIFICAT	E OF DEATH Reg. Diat. No. 333
N. Corr	1. PLACE OF DEATH; Vilonil	2. USUAL RESIDENCE (HOME) OF DECLASED: (For namporn in factor give residence of mother)
Th	County	State County / LCONG
fully. The gand legibly.	(If outside city or own lime, we to brill at and give nearest town) How long in above place of death?	City or town
carefull arly an	Hospitat, institution, or street adverse where dethi occurred:	Street No. (If rural, give LOCATION)
ion c	How long in hospital or Institution?	2.(a) If veteran, name war
information caref	3. (a) FULL NAME Wilmu Linuxo	Hammed 3. (b) Social Security Number
	4. Set 5. Color oddice 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION Avail 20 45 5 a
BINDING "y item of the causes	6.(b) Name of husband or wife Bessie Hammond	20. DATE OF DEATH
2 -	7. Sirth date of	and that I last saw & J. M. slive on April 12 19565
FI PA	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate rause of death DURATION
VED F	5 3 10 19hrsmin.	Carcinina Diniacis
SSER.	9. Birthplace (Town, county, and state)	Due to
0 0	10. Usual occupation	Ove to
	12. Name V = James Harry all 13. Birthplace P.D. #3 Sality ml	Other conditions
I CO		(Include pregnancy within 3 months of death)
WITH UNF important,	14. Malden name litella Bethards 9 15. Birthplace Wilo, Co. Mayland	Major findings of operations
	16. Informant Mrs. Busine Hommond	Antopsy results
PLAINLY,	Address 709, E. Pines of . Hally 124.	22. VIOLENCE: If death was due to external causes, fill in the following:
PL.	(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
THE RILLS	Cemetery or compatory	Where did injury occur?
WR	Hollona for Weller of Wollone	Means of Injury lojured al work?
A15	18. Funeral director	2 1
S A15	4/23 JUL Seg 19 Och	73. SIGNATURE MV D. ur other
> 4	(Date seed by registras)	Address Dalas Clarky Med Date signed 4 11.75



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

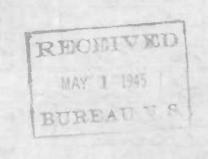
2411 N. Charles St., Baltimore (5/%)

CERTIFICATE OF DEATH

04316

		-	9	9
Reg.	Diat.	No. 3_	2	5

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wilgrams	Stale County Submark
(If outside city or town limits, write RURAL and give nearest town)	9 9 1
Now long in above place of death?	(If outside city or town) imits, write RURAL and give nearest town)
Mospital, Institution, or street address whose death occurred:	Streel No
Classical Deputal Cospetal	(If rural, give LOCATION)
How long in hospital or institution? 5 aarys 15 bis	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
m. Bolut H. Nearne.	
4. Sex 5. Color of race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jale W - Trasser	20. DATE OF DEATH april 6 19 45 at 12 25 PM
8.(4) Name of husband or wife Latties & Leaves	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	agrace 3/ 1845, 10 april 1 18 75
7. Birth date of	and that I last saw h 2 mailive on Affile 19 4 5
deceased (mo., day, yr.) Leely 12 1866	Immediate cause of death
8. AGE: Years Months Days It less than one day	Porcure of 3 mas
78 8 25 hrs. min.	P. J. Lake J.
B. Birthplace Que 2 da	
B. Birthplace (Toyu, county, and state)	Due to
10. Usual occupation Lettered Tarrellet	8 .4.
11. Industry or business	Due to.
12. Name Marie / Lan Marie	Dther conditions
12. Name Mark Mark Mark 13. Birthplace Sela US a	
×	(Include pregnancy within 3 months of death)
T. Marie III	Major findings of operations.
\$ 15. Birthplace della 21. Sal	Date of op.
16. Informant Mes Tearry Terresel	Autopsy results.
Address Laurel sel R.S.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St Nacks Questiery	Where did injury occur?
Lacero Del Bal	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injury Injured at work?
18. Funeral director	Injures at notal
Address Detarally Ma.	taxinder mo
11/4 11/2001 1200	23. STONATURE M. D. or other /
(Datyrec's by registrar)	Address Duliohy 2nd Bate signed 4/4/5



04317

CERTIFICATE OF DEATH

	arles St., Baltimore	02011
CERTIFICA	TE OF DEATH	Reg. Dist. No. 335
I. PLACE OF DEATH: County Wicomico City or town Saladama Mile (If outside city or town limits, write RURAL and give nearest town) iow long in above place of death? iospija! Institution, or street address where death occurred:	Street No. L. J. A. 14	County Co
3. (a) FULL NAME Italoway, Baby Line		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fernale white		CERTIFICATION
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date a	
7. Birth date of deceased (mo., day, yr.) April 29, 1945	and that I last saw halive on	19
8. AGE: Years Months Days Resthan one day hrs. 2 4 m 9. Birthplace Salisbury Md (Town, count, and state)	Due to remede	ne e
1D. Usual occupation.	Due to	
12. Name azel Jullette 13. Birthplace Theromics County Mid	Other conditions	3 months of death)
14. Maiden name Elizabeth Ellan Sollows 15. Birthplace Delona Mics Cg) Mil	Major findings of operations.	
Address Quantica. Phil.	Autopsy results	which death should be charged statistically.
(Burial, cremation, or removal) Which?) Date ihereof facility 30 (44) (month) (day) (year)	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of
Cometery or crematory And Market Market And Market Control of the	Where did injury occur?(City or town	(where?)
18. Funeral director of Applications and and School Strage States Address of all colored and and all colored and all colored and and all colored and all color	Malan Sot Injury	Injured at work?
19. J.	23. SIGNATURE	M. D. or other

VS A15

MARGIN RESERVED FOR BINDING

RECEIVED

WAY 7 1945

BUREAU V.S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 924)

CEPTIFICATE OF DEATH

04318

CERTIFICAT	E OF DEATH Reg. Diat. No. 2.2.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOGATION) 2.(a) If veteran, name war.
4. Sex J 5. Color or race 6.(a) Single, married, widowed, or divorced the state of	3. (b) Social Security Number MEDICAL CERTIFICATION 20, DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.3 Lo., to
9. Birthglace	Due to
14. Malden name. Sarah Hashings 15. Birthplace Ollier Hutchings Address Ollier Hutchings	(Iuclude pregnancy within 8 months of denth) Major findings of operations
17. Burial, crossession, or removal, Write (month) (day) (year) Cemetery or crematory Location Cartely Control (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address Sharplown 19. 4/12 (Date rec'd by registrar) 19. 14 2	23. SIGNATURE TO M. D. os other Address A ashtrom M. D. as other

PERSONAL PROPERTY AND STATE OF STREET

REMORITYEED

APR 21 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 566

CERTIFICATE OF DEATH

04319

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County JACOMINE	(For newborn infants give residence of mother)
City or town	State County County
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, which could and give nearest town)
Hospilal, Institution, or street address where death occurred	Street No. 2 8 1000000
O a luxurum C a	(If rural, give LOCATION)
Now long in hospital or Institution?	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
markant Notice In	verael 214-10-7082
4. Set Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4 1 0 0 1.1.1 000 - 1	
Simale While Morrison	20. DATE OF DEATH. ARRIVEL 2. 19.45 at 7 18 Man
If Herald moresall	21. I CEBTIEX, that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife	Succes 70 18/845 10 left 12 18#8
7. Birth date of	and that I last saw had alive on Colonial 1945
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Bays tiless than one day	Comment Thunking
50 2 21hrs. min.	mercu
0 0 1 1 20 10 10 10 10	
9. Birthplace (Toy), fourly, and state)	Due to
XAND IA del	
10. Usual occupation	Due to
11. Industry or business Ladies Ready to Mean	
12 Name Absen C. Claus	Other conditions le lead france
12. Name Wagh C. Claurs	
	(Include pregnancy within 3 months of deeth)
14. Maiden name Nancy E, Baker	Major findings of operations.
15. Birthplace Wissonian co, mal	Date of op. 2/145
16. Informant L. Honald Ingersal	Autopsy results
2 1 -1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address California Mil	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Oursel Sate thereof # 4 4)	Accident, suicide, or homicide
(Burial, cremation, or removel. Which?) (Burial, cremation, or removel. Which?)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Salisbury melo	Injured at home, farm, Industry, public ptace (where?)
41.11-11/ 1.6.	Means of Injury Injured at work?
18. Funeral director.	7/ 1/
Address, Salisbury my	Dec CIONATHOS DIMINES
11/11 11/1/19 1 AS (les	23. SIGNATURE M. D. or other
19. (Datagraph by registrar)	Address Baie signed H. 3/4-



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/20

04320

			3	9	0
Reg.	Dist.	No.	. 3	5	3

CERTIFICA	IE OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH: County Cily or town (If outside city or town limits, write BURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Inferts give residence of motive) State
3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of husband or wife 8. (c) Single, married, widowed, or divorced 8. (d) Single, married, widowed, or divorced 8. (d) Name of husband or wife 8. (c) If alive, give age 9. (c) If alive, give age 9. (c) If alive, give age 9. (d) Name of husband or wife 9. (d) Name of husband or wife 9. (e) If alive, give age 9. (e) Years 9. (f) Name of husband or wife 10. (f) Name of husband or wife 11. Industry or business	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. 1 CENTIFY that death occurred on the dale above stated; that rattended deceased from 19. 10. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13
12. Name. John E. Johnson 13. Birthplace Ni Cornials E. Ind. 14. Malden game. Maggie Mcallister	Other conditions / / / / / / / / / / / / / / / / / / /
16. Informan May P. Johnson Mary Land Address P. D. #1. I Salitury Mary Land	Autopsy results
17. Burial, cremation, or renewal. Which?) Cemelery or ofematory	Accident, suicide, or homicide
18. Futeral director of C. Walla R. Williams Address Falling md	trijured at home, farm, industry, public place (where?) Means of injury Again at work?
19. (Date feet to by registrar)	23. SIGNATURE M. D. or other Address Date signed

MAY 1 1945.
BUREAU V.S.

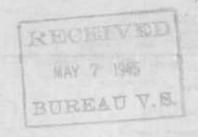
Dr. Bray

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

04321

	2411 N. Charl	es St., Baltimore 83	
1	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 333
1. PLACE OF DEATH: County	s RUKAL and give hearest town)	City or town	OF DECEASED: of mother () County () hits write RURAL and give nearest town) ive LOCATION)
How long in hospital or institution?	***************************************	2.(a) If veteran, name war	
3. (a) FULL NAME	mmoe "	maddox	3. (b) Social Security Number
Male Print P	Ni druce	MEDICAL O	CERTIFICATION
6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days	6.(c) If alive, give see a. years 1859	21. I CERTIFY that death occurred on the date	above stated: that I attended deceased from 19. 4.5. to
9. Birthplace Survey C. R.D. 10. Usual occupation.	. Delma Of	Due to arteris Sclero	223
11. Industry or business # a 12. Name Luxur C, 13. Birthpilot Luxur C,	naddy Delaran	Diver conditions	2 months of douth)
14. Malden name	1 Delawar	Major findings of operations.	
16. Information of the Address W. Phila. Com. 1	ality md.		which death should be charged statistically.
17. But (Burisl, cremation, or removal, Which?)	hereo (month) (dy) (yd)	Accident, suicide, or homicide	Date of
Location . Ollows	mayland	njured at home, farm, Industry, public place	
18. Funda director Address Lily May	earl	23 SIGNATURE Mushay	10
19	Gasses B. Registrar	Address 24 Camben Arc	Saleshry Date signed 4/2 1/4



FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1313

0.4322

CERTIFICATE OF DEATH

	AVER. DISC. 140. Steamer Providence in the state of the s
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Q Wicemies	State Maryland County Vicensia
City or town (If outside city or town limits, Frite RURAL and give nearest town)	
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addiess where death occurry.	Sired No. 309 Fitnatur St
309 Tilywaln	dral, give LOCATION)
How long in hospital or instituiton	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
fromas e. n	20. Cready, 212-12-3022
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While married	20. DATE OF DEATH Office 15 1945 at 6 7000
8.(b) Name of husband or wife Soroh S. Mc Cread	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	4- 1 19 45 to 4-15 18 45
7. Birth date of X 447 101.	and that I last saw h. / Ma., alive on
8. AGE: Yoars Months Days It less than one day	Immediate cause of death DURATION
7 9 7 12hrsmin	Carolo pascular
9.1.1.01	- October
9. Birthplace JON (Town Jointy, and state)	Due to
10. Usual occupation Confermen	
11. Industry or business	Due to
12. Name	SAIC SUBSTITUTE
	(Include pregnancy within 3 months of death)
14. Malden name Suspine maralell 15. Birthplace Someting Vo	Major findings of operations
15. Birthplace Denter Va	- Date of op.
16. Informany	Antopsy results
Address salisbury mot.	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which? Dife thereof (Month) (dy) (year)	Accident, suicide, or homicide
4 1 1 1 1	Where did Injury occur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Al Asil Language	Means of Injury Injured at work?
Address Salisbury mal	40,16 + 0
11/14 115-18-00 8-90	23. SIGNATURE M. D. or other
(Date rot'd by registrar)	Address Date signed & T& V.J.

MAY 7 1945 BUREAU V.S. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-0

CERTIFICATE OF DEATH

and a	4323	2 1 /	
,	Reg. Dist.	No. 5 2 2	0.01

	108. 530. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State M. County Decorries
City or town. (If outside city or town jimits, write RURAL and give nearest town)	City or town That Stown
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
V	Street No
How long in hospital or institution?	2.(u) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carriel J. Miche	1220-07-55-01
4. Sex S. Color of cace S.(a) Singly, married, widowed, or divorced	MEDICAL CERTIFICATION
In white terdowed	20. DATE OF DEATH. 97 5 19.45 at 5 P
5.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1941 10 97 5 1948
7. Birth date of deceased (mo., day, yr.) Jan 29 /819	and that I last saw h
8. AGE: Years Months Days If less than one day	Impediate cause of death DURATION 3 days
86 2 48 min.	
8. Birthplace Sussey, Del	Due to.
(Town, county, troptate)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Daniel J, Michell J. 13. Birthplace	Dther conditions
X	(Include pregnancy within 8 months of death)
14. Malden name.	Major findings of uperations.
	Date of op.
16. Informant	Autopsy results
Address Marklown	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whigh?) [Burial, cremation, or removal, Whigh?] [Month] (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location That House	Injured at home, farm, industry, public place (where?)
18. Funeral director. Osaheguos Bros	Means of injury injured at work?
Address Sharktown	16 4/ 01
11 -11 1 12 2611 00 200	23. SIGNATURE ()
(Date ree'd by registrar)	Address Sharptown West Date signed app of the



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 92-8 CERTIFICATE OF DEATH Reg. Dist. No. 339 correc 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The coof death clearly and legibly. (For newborn infants give residence of mother) County /// semuco County lea (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wite... 6.(c) It alive, give agevears 7. Birth date of deceased (mo., day, yr.) 8. AGE: It less than one day RESERVED (Town, county, and state) 10. Usual occupation. 11. Industry or business & ann Other conditions 13. Birthplace important, (Include pregnancy within 3 months of death) 14. Maiden name... 15. Birthplace 14. Maiden name Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: It death was due to external causes, till in the following; (month) (day) (year) Date thereof. Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) Where dld Injury occur? Cemetery or grematory (City or town) WRITE Injured at home, farm, Industry, public place (where?) Meens of Injury EASE 23. STONATURE (Date rec'd by registrar)

(County)

Inlured at work?

Date signed.

(State)

MAY 7 1945 BUREAU V.S. , 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

04325

1. PLACE OF DEATH: KECOMICS	2. USUAL RESIDENCE (HOME) OF DECGASED.
County	(For newborn Mants give residence of mother)
City or lown	State
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give news); town)
llospital institution or street addies where death occurred:	Street No. 605. S. Dinama 4.
1000 D. Dinner Marie	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Eng. Man Parke	3. (b) Social Security Number
4, Sec 5, Color or Mice 6.(a) Single, magnitu, widowed, or divorced	
4. Say J. L. L. C. Cayange, manda, widowed, or articled	MEDICAL CERTIFICATION
junale Marie Maried	2D. DATE DF DEATH USEN 26 = 1993, at 7 - PM
6.(b) Name of husband or wife Flow Edward Parker	21. I CERTIFY that death occurred on the date above stated; that I alleaded deceased from
	apr. 1 22 1945, 10 apr. 12 45
7. Birth date of New 25 18 76	and that I last saw h. A alive on and that I last saw h. A alive on and a last saw h.
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Mooths Days If less than one day	P. J. Ses
hrsmin	Curver / Theore Raga
9. Birtipla Malester G. Box Iron Md	Due 10
(Town, county, and state)	
to. Usual occupation	Due to
tt. Industry or Ausiness	
12. Name John Jaylor Calharden	Dther conditions
12. Name 1	
Man E Seett	(Include pregnancy within 3 months of death)
14. Maiden mme. Mary E. Seatt 15. Birthple Vol Cuttle G. Breen Plum May	Major findings of operations.
国 15. Birthplat Turk G. 为他的 / 他的 /	Date of op.
16. Information John E. Factor	Adopsy results.
Address 605. S. Div. it. Saluting M	AYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buriel Date thereof again 128-4	VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or remov). Which?)	Accident, suicide, or homicide
Cemetery or cremator	Where did injury occur? (City or town) (County) (State)
Location falleting med.	Injured at home, farm, industry, public place (where?)
Tollman +6 Wette- R. Hill	Meanar Linjury lojured at work?
18. Général direction	00 - 0 - 1
Address Selection Maryland	- Hughlestines
4/9,8 ust ye as 600 Ont	23. SIGNATURE M. D. or other
Date rec'd by registrar	Address 5 a 1-5 outs Salpale signed & 3 sa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

RECEIVED MAY 7 1945 BUREAU V.S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (1315)

04326

	105. 2140. 110. 110. 110.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County // NCDMCD	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Shall hay shafe his for County and hay had been back Shall go
(If outside city or town limits, write RURAL and give nearest town)	City of town III outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
G. Y. Hashitel	Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Wardelia anna Pay	me. Mone
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tumale White Widowed	Bhail 16 11- 120
A Care	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lallended deceased from
7. Birth date of deceased (mo., day, yr.) 2/2/1863	and that last saw her alive on apprending 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
Th 4 14	acute pulmonay edina 2 was
Phone I I'L Ware to mot	
9. Sirtholace (Town, county, and state)	Due to Cardiac Failure These
D. till Mucha	
10. Usual occupation	Due to My parthause Condis-
11. Industry or business	John Seval syrotome:
12. Name Astronomy Donald	Other conditions
13. 8 irthplace Massiland	senility,
14. Malden name Daldshish S. Manhack	(Include pregnancy within 8 months of death)
-m-	Major fiudiags of operations.
\$ 15. Birtholace Many and	Date of op
16. Informant	Autopsy results.
Address Saway X/SH, Mg	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
1. 15 unial - Chil 18/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Byrial, cremation, or removal, Which?) Bate thereot (month) (dgd) (year)	Accident, suicide, or homicide
Cemetery or crematory Julianty Sussais	Where did injury occur?
Olastolith Md	Injured al home, farm, industry, public place (where?)
Location	
18. Funeral director Affall Manager Language Lan	Means of Injury Injured at work?
Address Anow Will Mo	11 4 / Ma Mus
11/18 11-19 200	23. SIGHATURE M. D. or other
19. 0 19 do Barrell & 19	nuon O Nil

MAY 7 1945 BUREAU V.S.

18. Funeral director.

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44 d.

Reg. Dist. No. 333 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: legibly. (For newborn infants give residence of mother) County 11 1 Comme (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Street No (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH. .6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: If less than one day 6 mus 9. Birtholace. 10. Usual occupation 11. Industry or business 12. Name.... important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 14. Maiden name. Major findings of operations. 16. Informanta PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof. Accident, suicide, or homicide Where did Injury occur? (State) (City or town) (County) injured at home, farm, industry, public place (where?)

Means of Injury

23. SIGNATURE Registrar | Address. (Date rec'd

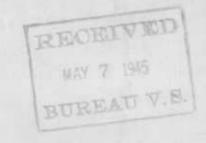
M. D. or other

Injured at work?

MAY 7 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 3 3 3 1. PLACE OF DEATH: . 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Musomus (If outside city or town limits, write RURAL and give nearest town) City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death excured: Street No. (If rural, give LOCATION) How long in hospital or Institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 1945 at 2 A M 21. I CERTIFY, that death occurred on the date above stated; that Ledtended deceased from 6.(b) Name of husband or wife. 6.(c) If allve, give age 7. Birth date of and thet I last saw h / alive on deceased (mo., day, yr.) DURATION Immediate cause of death Months Bays If less than one day 8. AGE: Years Due to. (Town, county, and state) 10. Usuat occupation. 11. Industry or business 12. Name...... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations 2 15. Birthplace .Date of on. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was tue to external causes, fill in the following: Accident, suicide, or homicide,..... (month) (day) (year) Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of lattury Injured at work? 18. Funeral director Date stgned ... /.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CED	CIE	CAL	rr.	OF	DE	A PETE
CERT		LA	I L	UF	Dr.	AIH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County	(For newborn infanes give residence of mother)			
Cily or town	State County County			
	City or lown			
How long in abova place of death?	(If outside city or town times, write KOKAL and give nearest town)			
	Street No. (It rural, give LOCATION)			
New tong in hespitat or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Carlley 6 18 Aberlan	- t.)			
4. Sex 5. Color wrace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION AND AVAILABLE			
m 21 -11.1	16 16 My 2:2			
- 1 Complete	20. DATE OF DEATH 19 12 at 2 th 1 M			
8.(b) Name of husband or wife Alatha	21. I CERTIFY that death opcorred on the date above stated; that I atlended deceased from			
	19 4 19 10 April 6 18 43			
7. Birth date of	and that I last saw h			
deceased (mo., day. yr.)	Immediate cause of death			
8. AGE: Years Months Days If tess than one day	Christian Zu			
65 9 7hrsmin.	The state of the s			
aller Mikagues md.	Due to.			
9. Birthplace (Town, county, and state)	000 10			
10. Usual occupation. Tableship				
	Due to			
11. industry or business				
E 12. Name	Other conditions			
Z 13. Birthplaca	(Include pregnancy within 3 months of death)			
14. Moiden name Republish Catalian				
	Major findings of operations			
≥ 15. Birthplace	Dafe of op.			
18. Informant	Antopsy results.			
Address solishing Mil	PHYSICIAN: Flease underline the cause to which death should be charged statistically.			
William Lalle	22. VIOLENCE: If death was due to externat causes, till in the following:			
(Burial, cremation, or removal, Which?) Date theraof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. A. M.	Where did injury occur?			
Concept of Comments of Comment				
Location	tnjured at home, farm, industry, public place (where?)			
18. Funeral director A aust to Mesself	Means of injury injured at work?			
	March 1			
Address Africa Ma	23. SIGNATURE TO MANAGEMENT M. OV.			
10 Word 18 19 HS Mis & M. Wallago	M. D. or other			
(Dat Fraid by addition)	Distriction Make a College !			



2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

Ser. Dist. No. 323

rec	CERTIFICA	Reg. Dist. No.	
information carefully. The corr of death clearly and legibly.	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address were death occurred: How long in hospital or institution?	City or town	ounty
informati of death	3. (a) FULL NAME 4. Ses 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAN C	3. (b) Social Security Number CERTIFICATION
BINDING ry item of the causes	6.(b) Rame of husband or wife 6.11.11.11.11.11.11.11.11.11.11.11.11.11	2D. DATE OF DEATH	bove stated; that I attended deceased from
Supply Su	decessed (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. mir 9. Birthplace Station (Town, county, and staty)	Immediate cause of death gary	DURATION
ARGIN FADINC Physic	10. Usual occupation	Due to	
CY, WITH UN	14. Maiden name. Mullimblish 15. Birthplace 18. Informant Mala & Mana Schwilten	Major findings of operations. Autopsy results. PHYSICIAN: Please anderline the cause to v	beter Source of Date of op 4 - 15 - 45
TE PLAINLY, 1 is especially	Address 17. Cemetery or crematory. Address Date thereof. (nonth) Vasy (year) Cemetery or crematory.	Where did injury occur?(City or town)	Date of
S A15 LEASE WRI	18. Funeral director Adaption A. K. D. C. Marie Andrews Address Albanda Address Andrews Andrew	Injured at home, farm, industry, public place (Means of Injury 23, SIGNATURE, La Radien	Injured at work?
> A	19. 0 1900 15 attack 61X	winds of	n. 1 5/1/25t

(Dute reg'd by registrar)

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BUREAU V.B.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

		s St., Baltimore		0.4001
	CERTIFICAT	E OF DEATH	Reg.	Dist. No. 3.3.3
1. PLACE OF DEATH: Na Comics County		2. USUAL RESIDENCE (I	e residen but mother	comils
(If outside city or town limits, write RURAL. How long in above place of death?	and give nearest town)	9100	g or town limits, write KUR/	AL and live nearest (wn)
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME Charles	Peter s	Ulingis	3. (b) So	cial Security Number
Male Whyle Hed	ed, widowed, or divorced		DICAL CERTIFIC	ATION 19 45 3 5 4
6.(b) Name of husband or was facure as	J. Deal	I CERTIES that death occurre	on the date above stated: that	Patiepded deceased from
7. Birth date of deceased (mo., day, yr.) March 2	0-1878	and that I last saw h		19 DURAT
67 1 2	ess than one dayhrs min.	Carrie	1 Thront	Fee
9. Birthplace	md.	Due to Carcus	is ofthe	1 9/1
10. Usual occupation		Due to		74
12. Name. Charles 311 13. Birthplace R.D. Delman	I md.	Other conditions		
14. Malden name Mary Paris 15. Birthplace P.D. Delay	one med	(Include pregr	nancy within 8 months of des	th)
16. Informant March L	more we	Autopsy resultsPHYSICIAN: Please underline	the cause to which death she	ould be charged statistically.
Address 7 Part State Sta	(month) (day) (year)	22 VIOLENCE: If death was de Accident, suicide, or homicide	ue to external causes, fill in the	a following;
Cemetery or cippatory	(July) (year)	Where dld injury occur?		County) (State)
Location Library & C. Mall	E. R. Hell	Injured at home, farm, Industry, Means of Injury	10	red at work?
Addresalitely maryla	4000	23. SIGNATURE	C Dan	M. D. or other
19. (Dateryfe'd by registrar)	Registrar	Address 3	elle to	Date signed 427

NAY 7 1945 BUREAU V.S.

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (147)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town		
3. (a) FULL NAME Asbury Washington	Jacobs 3. (b) Social Security Number		
4. Sex 5. Color or race 6. (a) Single, married, wildowed, or elvorced Solution 6. (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred op the date above stated; that I attended deceased from 19.47 to 9.19.45 and that I last saw h. All alive on 9.44.		
8. AGE: Years Months Days It less than one day 65 9 34	Immediate cause of death DURATION Corou ale Manu Oria Due to		
10. Usual occupation. Landscale. 11. Industry or business Faster 12. Name Faster Faster 13. Birthplace Faster Faster 14. Maiden name alle to State Faster 15. 14. Maiden name alle to State Faster 16. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	Diverto		
16. Informant Address Lucylito Marieland	Major findings of operations		
Date thereof (month) (day) (year) Cemetery or crematory (month) (day) (year) Location (month) (day) (year)	Accident, suicide, or hemicide		
Address Selipse 19th. 19. April 10 19 45 ms m. Waller (Date rec'd by registrar) Registrar	23. SIGNATURE William & we rich M. D. and M. D		

